

# Best Available Copy

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE					
							101550199						
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/	/	/	/	/	51							
2	/	/	/	/	/	52							
3	/	/	/	/	/	53							
4	/	/	/	/	/	54							
5	/	/	/	/	/	55							
6	/	/	/	/	/	56							
7	①	/	/	/	/	57							
8	①	/	/	/	/	58							
9	①	/	/	/	/	59							
10	①	/	/	/	/	60							
11	/	/	/	/	/	61							
12	/	/	/	/	/	62							
13	/	/	/	/	/	63							
14	②	/	/	/	/	64							
15	⑧	/	/	/	/	65							
16	/	/	/	/	/	66							
17	/	/	/	/	/	67							
18	/	/	/	/	/	68							
19	/	/	/	/	/	69							
20	④	/	/	/	/	70							
21	①	/	/	/	/	71							
22	①	/	/	/	/	72							
23	①	/	/	/	/	73							
24	①	/	/	/	/	74							
25			/			75							
26						76							
27						77							
28						78							
29						79							
30						80							
31						81							
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40						90							
41						91							
42						92							
43						93							
44						94							
45						95							
46						96							
47						97							
48						98							
49						99							
50						100							
TOTAL IND.	5		6										
TOTAL DEP.	26	←	19	←									
TOTAL CLAIMS	31		25										